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SERIAL NUMBER 09/836,781	FILING OR 371(c) DATE 04/17/2001 RULE	CLASS 600	GROUP ART UNIT 3721	ATTORNEY DOCKET NO. 11443/45
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/723,715 11/28/2000 PAT 6,793,652
 which is a CIP of 09/324,451 06/02/1999 PAT 6,315,184
 and is a CIP of 09/324,452 06/02/1999 PAT 6,443,973
 and is a CIP of 09/351,534 07/12/1999 PAT 6,264,087
 and is a CIP of 09/510,923 02/22/2000 PAT 6,517,565
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973
 and is a CIP of 09/510,927 02/22/2000 PAT 6,716,233
 which is a CIP of 09/324,452 06/02/1999 PAT 6,443,973

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
**** 05/11/2001**

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 44	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

ELECTRO-MECHANICAL SURGICAL DEVICE

FILING FEE RECEIVED 1270	<p>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:</p>	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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